



PRE/ POST-BOUT MEDICAL PRO-FORMA

Boxer's Name & Club: _____

Date: _____ Venue: _____

<u>Pre-Bout Medical</u>	Yes	No
Do you feel well?	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking any medication/ inhalers?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any reasons you should not box today?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a head injury/ concussion/ knock out in the last 30 days?	<input type="checkbox"/>	<input type="checkbox"/>

Consent & Declaration

- I agree to supply Boxing Scotland with the details of my registered General Medical Practitioner.
- I authorise Boxing Scotland to release reports/ medical information to my registered General Medical Practitioner.
- I authorise Boxing Scotland to disclose such relevant personal and medical information as may be necessary to the investigation of my fitness to box, to healthcare professionals.
- I declare that I have checked the details I have provided on this form and that to the best of my knowledge and belief, they are correct.
- I understand and accept that if I make a false declaration to Boxing Scotland that my licence can be suspended and/ or withdrawn.
- I accept and assume all risks associated with my participation in boxing and that Boxing Scotland have not and cannot make any representation or guarantee that attending the venue or participating in Boxing is free from risk.
- I accept that boxing can be dangerous and may lead to the potential for serious bodily injury, including but not limited to concussion, chronic traumatic encephalopathy, the risk of blood borne infection contraction and death. I shall seek advice from a doctor or qualified health provider should I require any further clarification surrounding the risks or if I have any further medical concern or question concerning boxing.
- I accept that it is my responsibility to determine whether I am sufficiently fit, hydrated and healthy enough to safely participate in boxing, and I attest and certify that I am or will be sufficiently fit, hydrated, healthy and physically trained to participate in boxing.
- I certify that I have not been advised against participation in boxing by a doctor or qualified healthcare provider. I have no physical or medical condition that would endanger myself or others or would interfere with my ability to safely participate in boxing activities.

Boxer: _____ Date: _____

Coach/ Parent/ Guardian (if boxer U16 on date of competition): _____



Doctor's Pre-Bout Examination

	Normal	Abnormal
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>
Neurological	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>
Ears	<input type="checkbox"/>	<input type="checkbox"/>

Doctor's Signature: _____

Doctor's Post-Bout Medical

	Yes	No
Orientated	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
Nausea	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>
Feel well?	<input type="checkbox"/>	<input type="checkbox"/>

Action: _____

Doctor: _____

Notes: _____
